



South Dakota Board of Nursing

South Dakota Department of Health
4305 S. Louise Avenue Suite 201; Sioux Falls, SD 57106-3115
(605) 362-2760; Fax: 362-2768; www.state.sd.us/doh/nursing

Medication Administration Training Program for Unlicensed Assistive Personnel Application for Initial Training Program

Medication administration may be delegated only to those individuals who have successfully completed a training program pursuant to ARSD 20:48:04.01:14. An application along with required documentation must be submitted to the Board of Nursing for approval. Written notice of approval or denial of the application will be issued upon receipt of all required documents. Send completed application and supporting documentation to: South Dakota Board of Nursing; 4305 S. Louise Ave., Suite 201; Sioux Falls, South Dakota 57106-3115

Name of Institution: Westhills Village Retirement Community
Name of Primary RN Instructor: Megan Tryon
Address: 255 Texas St Rapid City SD 57701
Phone Number: 605-342-0255 Fax Number: 605-342-3415
E-mail Address of Faculty: megantryon@whvc.com

- Request to use the following approved curriculum(s); submit a completed Curriculum Application Form for each selected curriculum. *Each program is expected to retain program records using the Enrolled Student Log form.*
 - ☐ 2011 South Dakota Community Mental Health Facilities (only approved for agencies certified through the Department of Social Services)
 - ☐ Mosby's Textbook for Medication Assistants, Sorrentino & Remmert (2009)
 - ☐ Nebraska Health Care Association (2010) (NHCA)
 - ☒ We Care Online
- Qualifications of Faculty/Instructor(s): Attach resumes / work history demonstrating two years of clinical RN experience.
- List faculty and provide licensure information:

RN FACULTY/INSTRUCTOR NAME(S)	RN LICENSE			Verification (Completed by SDBON)
	State	Number	Expiration Date	
<u>Megan Tryon</u>	<u>SD</u>	<u>003669</u>	<u>7/3/12</u>	

- A **Certificate of Completion** will be provided by the Board of Nursing upon approval; the certificate must be completed and given to each successful student upon completion of the Medication Administration Training Program.

RN Faculty Signature: [Signature] Date: 5/2/12

This section to be completed by the South Dakota Board of Nursing

Date Application Received: <u>5/2/12</u>	Date Notice Sent to Institution:
Date Application Approved: <u>5/2/12</u>	Application Denied. Reason for Denial:
Expiration Date of Approval: <u>4/30/2014</u>	
Board Representative: <u>[Signature]</u>	